Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004303 03/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET **HERITAGE HEALTH-PERU** PERU, IL 61354 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b)4) 300.1210b)5) 300.120d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological well-being of the resident, in accordance with **Statement of Licensure Violations** each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

HERITAGE HEALTH-PERU 1301 21ST STREET PERU, IL 61354				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999	····	
	4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.			
	d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.			
	Section 300.3240 Abuse and Neglect			
	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.			
	These regulations were not met as evidenced by:			
	Based on interview and record review the facility failed to assist one resident (R8) assessed to be in need of extensive assistance for toileting to the			

Illinois Department of Public Health

PRINTED: 04/25/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004303 03/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET **HERITAGE HEALTH-PERU** PERU, IL 61354 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 2 S9999 bathroom for one of eight residents (R8) reviewed for accidents in a sample 33. This failure resulted in R8 getting up on own and falling causing severe pain and a sprained left knee. Findings include: The facility's Fall Assessment, Risk Identification and Management Policy, revised 3/20/2012. documents that the potential for injury will be care planned when appropriate, based on the results of the Fall Assessment. The interdisciplinary care plan will be individualized to reflect the specific needs and risk factors of the resident. This form also documents that all staff providing care to the resident will have access to the care plan and interventions. On 03/18/19 at 1:30pm, R8 stated that she was in the dining room and asked for help to the bathroom. R8 stated that V5, CNA (Certified Nursing Assistant), pushed her to her room, and left the room without assisting her to the bathroom. R8 stated that she attempted to transfer herself to the toilet, because she could not hold it any more, then lost her balance and fell to the floor. R8 stated that she hurt her left knee and is afraid to walk now. R8 stated that she hit her back on the sink, when she fell. R8's Fall Scale, dated 2/27/19, documents that R8 has a score of 90, a high risk for falls. R8's Minimum Data Set, dated 2/27/19.

for toileting.

documents that R8 requires extensive assistance of two for transfers, and extensive assist of one

R8's current care plan documents that R8 requires one assist, gait belt, and rolling walker

PRINTED: 04/25/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004303 03/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET **HERITAGE HEALTH-PERU** PERU, IL 61354 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 for transfers. R8's Progress Notes, dated 3/2/19 at 9:20am. documents that V9, Registered Nurse, heard R8 yell "My legs. My knees. Help. Help. My legs and my knees." V9 then quickly went to resident's room and was informed that resident was on the floor. This form documents that R8 was observed sitting on her left hip with legs flexed under her buttock, and her walker was laying on the floor around R8. R8 told V9 that "That girl left me in here standing up cause I needed to use the restroom. I was pulling down my pants and my left leg gave out. I fell and hit my head on my walker." R8's legs were extended due to resident experiencing severe pain with them flexed, R8 was transferred to her bed via a mechanical lift. because R8's complaint of pain greater than 10/10 to left knee. R8 also complained of pain to her lower back and bilateral hips. This form documents that R8 was transported to the emergency room for an evaluation. R8's Progress Note, dated 3/2/19 at 12:55pm documents that R8 has a left sprained knee. R8 is to follow up with V12 (Orthopedic Physician). V5's, CNA, signed interview, dated 3/2/19, documents that V5 walked R8 to her room, from the dining room. V5 documented that R8 requested to use the bathroom, but V5 told R8 she couldn't take her, that she needed to call one of the CNA's in her hall. V5 documented that R8 stated that she insisted that she had to go to the bathroom. V5 documented that R8 was given her

call light.

to use the bathroom.

On 3/20/19 at 11:10am, V7, Registered Nurse, verified that R8 needs assistance to transfer, and

PRINTED: 04/25/2019 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING_ IL6004303 03/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1301 21ST STREET **HERITAGE HEALTH-PERU** PERU, IL 61354 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 3/21/19 at 9:35am, V2, Director of Nursing, verified that V5 should have assisted R8 to the toilet when she asked. V2 stated that V5 was disciplined for her actions. (B)